

DCoE October 2013 Webinar
Sexual Assault and Harassment in the Military

Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. This call is being recorded. If you have any objections, you may disconnect at any time. I would now like to turn the call over to Dr. Kate McGraw. Ma'am, you may begin.

Good afternoon and thank you for joining us today for our October webinar. My name is Dr. Kate McGraw. I'm the associate director for Specialty Care at the Deployment Health Clinical Center. I will be your moderator for today's webinar. Also supporting us today during our question-and-answer session will be Dr. Lindsay Rock of the Defense Manpower Data Center and Dr. Nate Galbreath of the DOD Sexual Assault Prevention and Response Office.

Dr. Lindsay Rock is a sociologist in survey design in the Analysis Branch of the Human Resources Strategic Assessment Program at the Defense Manpower Data Center. Dr. Rock is the lead analyst on the congressionally mandated sexual harassment and sexual assault surveys of military members. In this role, she develops questionnaires and analyzes and reports results for the HR SAP surveys. Dr. Rock's research concentrations include advanced research methodology and gender studies. Her dissertation compared the sexual harassment experiences of active duty and reserve military personnel based on data from the 2002 Workplace and Gender Relationship Survey, and the 2004 workplace and Gender Relation Survey of Reserve Members.

Dr. Nate Galbreath is a senior executive advisor for the Department of Defense Sexual Assault Prevention and Response Office, SAPRO. In this position, he is the expert for the DOD sexual assault prevention and response SAPRO program, training initiatives and research involving applications of behavioral health, forensic science, criminal investigation, and program evaluation. Dr. Galbreath reports directly to the SAPRO director, who serves as a single point of authority, accountability, and oversight for the SAPRO program in the Department of Defense. He serves as a primary author of the department's annual report for sexual assault in the military. Additionally, Dr. Galbreath has also published a book chapter on child molesters, co-authored chapter on sexual disorders and the Internet, and co-authored journal articles related to sex offender recidivism and online sexual problems.

Before we begin, let's review some webinar details. Live closed captioning is available through the Federal Relay Conference Captioning. Please see the pod beneath the presentation slides. Today's webinar is hosted using the Defense Connect online platform. Should you experience technical difficulties, please visit dcoe.mil/webinars to access troubleshooting tips. There may be an audio delay as we advance the slides in this presentation. Please be patient as the connection catches up with the speaker's comments.

During the webinar, you are welcome to submit technical or content-related questions via the question box. The question box is monitored, and questions are forwarded to the moderator for response during the question-and-answer session held during the last half hour of the webinar. In addition to our presenter and myself, Dr. Lindsay Rock and Dr. Nate Galbreath will field as many questions as time permits.

Please note that continuing education credit is not available for this event. I will now move on to today's webinar topic, "Sexual Assault and Harassment in the Military." The media is saturated with stories about military sexual assault. The goal of this webinar is to provide health-care providers supporting military and veteran populations with a broad overview of the prevalence, characteristics, and consequences of military sexual trauma, which includes both sexual assaults and sexual harassment.

The webinar will address common rape myths and will include recommendations and resources for supporting victims of military sexual violence. Webinar participants will learn to identify and dispel common myths about sexual assault and harassment, describe common effects of military sexual trauma on those who experience it, and discuss ways to support victims of military sexual assault and harassment.

Today's presenter is Dr. Cynthia J. Dr. Thompson received a PhD in social personality psychology from the University of Minnesota and is currently a research psychologist in the Department of Behavioral Sciences and Epidemiology at the Naval Health Research Center, NHRC, in San Diego, California. Prior

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to NHRC, she served on the faculty of Tufts University as a researcher at the Center for the Study of Family Violence and Sexual Assault at Northern Illinois University. Current research interests center around the stressors and challenges that confront service members and their families, and on the effects of these stresses and challenges and the mental and physical health and readiness.

Dr. Thompson's research examines a broad range of topics affecting military personnel, including operational stressors, mental health, traumatic brain injury, substance abuse, and destructive and suicidal behavior. One of her local long-term interests has been interpersonal violence. Over the past 15 years, her research includes both survey and archival data to examine sexual assault and harassment, domestic violence, and child abuse in active duty military populations. Research focuses on risk factors for victimization and perpetration, as well as effects of family violence on victims, and interests in supporting victims of sexual violence also led her to join the Sexual Assault Prevention and Response, SAPRO, team at NHRC, where she has been trained as a SAPRO victim advocate and currently serves as SAPRO command liaison point of contact and data collection coordinator. Dr. Thompson has authored more than 75 articles, chapters, and technical reports.

Before we begin Dr. Thompson's presentation, we would like to ask two polling questions, which are shown on your screen. Thank you for your participation, and welcome Dr. Thompson.

Thank you very much, and thanking to everyone attending today for your interest in this very important and timely topic. So today we'll be talking about sexual assault and sexual harassment in the military. Next slide. And we're going to be taking quite a broad view of these topics. So we'll begin by considering definitions, recognizing that definitions vary across states and across even between the DOD and the Veterans Administration. We'll talk about some common rape myths, and then we'll get into the difficult question of trying to estimate the prevalence of military sexual assaults and military sexual harassments. We will spend some time talking about effects of both of these kinds of traumas on victims and then we'll move to talking about ways of reducing MSA and MSH or military sexual assaults and military sexual harassment, and ways of helping victims, and we'll conclude by talking about some resources that are available to help victims. Next slide.

I want to make clear from the outset that, although I do work for the DOD, I'm not here as a representative of the Department of Defense or the Department of the Navy or of the U.S. Government in any way but, rather, as a scientist with a long-standing interest in this topic, and also as someone who is very concerned about the outcomes of victims. Next slide.

I want to start out by talking about the notion of a continuum of harm, and this is actually a graphic that the DOD has put forth in some of their trainings. The basic idea here is that there is a continuum, beginning with sexist behavior, which is basically behavior that asserts or implies that are men are somehow better, stronger, more powerful, superior relative to women. So the notion here is that these sort of insidious and milder sexist behaviors are sort of a foundation for sexual harassment and that, in turn, harassment is a foundation for the occurrence of sexual assault. And so, to the extent that it's possible for us to intervene early in this process and disrupt the occurrence of sexism, we may be able to undercut the later development of worse problems down the road. There is clear research evidence that sexist beliefs are associated with tolerance and acceptance of sexual harassment, and, of course, sexual harassment sends a message to perpetrators that they may be able to get away with more severe forms of behaviors. So in this way there is a sort of progression or escalation of behavior. It is very uncommon to find a perpetrator of rape, for example, who has not engaged in some of these lower-level forms of negative behavior. Okay, so moving on to slide ten.

As I alluded to before, I think it's very important that we're clear on our definitions at the outset. Particularly when we start talking about prevalence, it will be very important to keep in mind how we're defining things. And as I mentioned, definitions, legal definitions, vary from state to state, and even between the Department of Defense and the Veterans Administration. So what I will primarily be talking about is DOD definitions, and the Department of Defense has separate definitions of harassment and assault, where harassment is not criminal but something that's dealt with through the Equal Opportunity Office, versus assault, which is criminal offense.

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The VA combines both of these into military sexual trauma, but I should note that they do require for harassment to meet the threshold of constituting military sexual trauma, they require that it be persistent and threatening. So moving on, I'm going to talk about the DOD definitions of harassment and assault. To begin with, we'll start with harassment. This has kind of three types of behaviors under the rubric of harassment. One is unwelcome sexual advance in the workplace, requests for sexual favors, or any other kind of verbal or physical sexual conduct that basically makes the workplace intimidating, hostile, or offensive.

So there are sort of two classes of behaviors here. One is the use of authority to kind of try to force or force people to engage in sexual behavior, so either by promising a raise or a promotion, or by threatening firing or demotion, anything like that would fall under the category of use of authority. The other kind of condition that could constitute harassment is basically just creating a workplace environment that is seen by a member as being intimidated, hostile or offensive. And that can be a bit of a gray area. Basically what we use is the reasonable person standard. So the question is, would a reasonable person find this to be offensive? Okay, next slide, please.

Okay, here I'd like you to take a minute and give your about the percentage of reported sexual assaults that are fault reports, and we'll come back to this in a few minutes. Okay, let's go ahead and -- thank you for your responses, and we'll come back to that. Okay, so next slide.

Continuing to talk about the types of sexual harassment, basically you're distilling the DOD definition into three different distinct types of harassment, and we'll come back to these when we talk about prevalence. So the first, and regarded as most severe type, is sexual coercion, where there is special treatment or favoritism conditioned on sexual cooperation. The second is unwanted sexual attention. This is basically continued requests for dates or other sexual engagement. And finally, crude or offensive behavior, which, again, based on a reasonable standard is behavior that's considered inappropriate for the workplace, and it is sexual in nature. Okay, so moving on to slide 14.

Now considering the definition according to the Department of Defense of military sexual assault, here in contrast to harassment, which may or may not involve contact, assault does involve intentional sexual contact. And there are several circumstances under which that contact might be considered to reach the level of sexual assault. If it is characterized by force, threats, intimidation, or abuse of authority, it would be sexual assault. The other circumstance under which it would reach that threshold is when the victim does not or cannot consent, and that would be the case, for example, if the victim were incapacitated due to drugs or alcohol. We should note that this covers a really broad range of behavior, so it's not limited to sexual intercourse. It includes sexual touching of other types as well, and it also includes attempts to have any of those kinds of sexual contact.

If you go to the next slide, these are some of the legal offenses. These are the main legal offenses that the Department of Defense recognizes. So you can see that there are offenses corresponding to different types of sexual assaults, and prosecutions would proceed based on one of these categories. Next.

Okay, so proceeding to talk about some of the common myths about rape, and I should note that although these are typically referred to as "rape myths," this also applies to other forms of sexual assault and even to sexual harassment if we think about this a little more broadly. One thing that is likely to come to mind as we embark on this discussion of rapist is that many of us may think, "Well I would never think that way. I know somebody might, but not me." But I think we really have to be on guard. It is such a pervasive part of our culture that it really takes a lot of conscious effort not to fall back on thinking some of these things. So, next.

The first myth, which is very easy to fall into, is the idea that only women are victims and only men are perpetrators of sexual assault or sexual harassment. Of course we know this isn't the case. But when we think of the typical assault, we tend to think of a female victim and a male perpetrator. And, of course, that's because that is the typical case. But we need to be very aware of the possibility that males are victims, and in some more unusual circumstances, females, may also be perpetrators.

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Another idea that we hear fairly often is the idea that victims are somewhat responsible for a sexual assault. Maybe it's mostly the perpetrator but the victim is also playing some role in it. And we need to be very clear that a victim is never, in any part, responsible for sexual assaults. This ties into the next myth here that no matter how much a victim might have flirted, acted or dressed provocatively, been out alone late at night, or been drinking too much, none of those things justify attacking her, and, therefore, it is not her fault. It's not something that she brought on herself, or he.

The fourth myth here is that sexual assault is all about sex. Of course sex is involved, but basically, as we probably all are aware, it's an act of aggression of power, of domination, and, really, sex is not the primary feature.

The next myth is that most sexual assaults are perpetrated by strangers, and, again, this is based on this image that comes to mind of the typical assault that we think of, a violent assault, someone jumps out of the bushes and throws you in their van. This is actually quite an unusual form of assault and much more likely that you will be victimized by someone that you know, either that you work with, that you are married to, that you're dating, that's a friends or acquaintance. These are much more likely than that a stranger will attack you.

The next myth here is very important one, and that is the idea that just because someone consented to engage in some sexual act or just because they have had sexual encounters with you in the past, of course, doesn't mean that you have consented to have sex with them in the future or to engage in all other kinds of sexual activities. A colleague of mine is fond of using the example of basketball, if you played basketball with someone last week, it doesn't mean you'll play basketball with them again this week, or it doesn't mean you can't stop playing basketball if they seem to be changing the rules. So I think that's a nice metaphor for keeping in mind that we always have the ability not to consent, and that ties into the next myth as well, even if you're dating or married, of course you can still be sexually assaulted.

Okay, the final myth on the slide is that false reports of sexual assault are common, and I think, based on the polling that we did a little while ago, everybody pretty much disagrees with that. In fact, we don't really have great evidence from the military about rapes of false reporting. There is a figure that's often bandied about, that it's 3%, and there's no real attribution for that. So we don't know where that figure came from. What is true from the civilian literature is that it's clearly less than 10%. Estimates vary but they're all lower than 10% in the rigorous studies that have been conducted. So that provides our best guess about rapes in the military, although people have argued -- given reasons why the military may have higher or lower false reporting rates. That's the best estimate that we've got. Okay, going to slide 18.

So I wanted to pause for a moment here and talk about why we're talking specifically about sexual assault and sexual harassment that occurs in military environment. In other words, why are those any different than their counterparts in the civilian world, because, of course, this is a universal problem, not a problem limited to the military. And there has been a lot of speculation about why things might be different in the military, in terms of the likelihood of sexual assault occurring, in terms of the likelihood that victims will report it, and also in terms of consequences for victims. Unfortunately, all this speculation has not been mirrored in a lot of empirical research, but there has been a bit.

So if we go to the next slide, I'll try to be clear here about which things are speculative versus which things there is some evidence of. One thing that has been suggested is that, of course, it may be difficult to report sexual assault if the perpetrator is in your chain of command. And it also may be difficult to escape it if the perpetrator is above you in the chain of command. This intuitively makes a lot of sense, but we don't really have published evidence on this.

Another idea is that the military being a sort of culturally masculine organization, also a male-dominated organization, that that might be associated with increased risk of harassment and assault. And, in general, there is some evidence that those factors are associated with greater likelihood of harassment,

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both in civilian and in military context. That also implies that perhaps certain more masculinized specialties in the military might have higher risk. We don't have evidence on that point.

There are some stressors associated with military life that may make -- it has been suggested may make sexual assault more likely. So in some sense, military people are on duty 24/7. There are frequent changes of duty station relative to the civilian world. People are required to move more frequently, and there are also other operational stressors, including combat deployment. So all of these stressors may contribute to an environment where sexual assault is more likely, in part, because your stressed out colleagues may be more likely to perpetrate sexual assault. There is not a lot of evidence on these points. There is a little bit.

For example, there is a little bit of evidence that previous deployment -- that women who have previously deployed are more likely to report military sexual assaults than those who haven't. We don't know for sure why that is, but there is some evidence of that. And there's also a little bit of evidence that frequent changes of duty station perhaps plays a role in this, and this would likely be because you're separated from your existing support network, and perhaps your family and friends. So there's similar evidence from the civilian sector that when women first transition to college there is a period where they're at greater risk, and the idea is the same, that's it's a function of being separated from your support network.

So a little bit of evidence from the military similarly shows that early recruits may be at highest risk. That's a little bit hard to interpret though, because the early recruits are also younger and being young is a risk factor for both perpetration and victimization. So that takes us to the next point here about military culture, which is just the fact that most people in the military are young and male, and that is the high-risk group for sexual assault perpetration.

Okay, the final point on this slide is the emphasis in the military on loyalty and community, on having each other's backs could have either a beneficial or a deleterious effect on sexual assault reporting; that is, it could be that by really protecting each other a unit could really look out for its victims and protect them. But it is also the case that it could result in a kind of protectionism where people sort of close ranks and circle the wagons and protect the perpetrator. So, again, no research really on this issue.

A final couple of things I would mention that aren't on the slide are that, traditionally, military culture has been characterized by high levels of drinking, and that's, of course, particularly true and more true in some services than in others. But heavy drinking is definitely a risk factor for both perpetration and victimization. On the other hand, they want to highlight that there are certain aspects of military culture that probably are protective, and that would include things like universal access to health care and support services, the fact that they all have housing and at least one employed family member, all of those things should be sources of stability and should reduce stress relative to the general population.

Okay, so our next slide is another polling question. This is asking if we consider all service member who indicate that they were sexually assaulted in the past year -- and here I'm talking about any kind of sexual assault, so ranging from rape to unwanted sexual touching -- what percentage of those people who self-reported that they were sexually assaulted in the past year were men? I'll give you a couple of minutes to vote on that. Okay, let's go back to the slides and talk a bit about the prevalence of military sexual assaults and harassment. So we are now on Slide 22 -- oops, 21, now 22. Okay.

Okay, as I alluded to before, when we talk about rates of military sexual harassment and assault, we tend to want a definite number, the one true number. And, in fact, it's a very tricky issue, because the answer to what is the one true number depends on a variety of factors. I'm going to talk about the main ones here. So the first one to think about is the breadth or inclusiveness of the definition; that is, are you talking about rates of military rape or are you talking about any kind of unwanted sexual contact that is achieved by force and so on. Okay, that is an easy thing to overlook when you're trying to compare numbers from different sources, but that's very important.

A second very important issue is where did you get the information. So we have official reports of military sexual assaults, and then we also have estimates based on interviews or survey methods, and those are

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often very, very different, and, of course, official records are going to underestimate the number of sexual assaults compared to self reports. And I am guessing that most of you could come up with a lot of good reasons for that, including the fact that many victims actually don't consider what they experienced to be sexual assault, so they don't label it that way. Of course, then they would not report it. Victims sometimes blame themselves, and sometimes they're embarrassed or uncomfortable and don't want to talk about this very private matter. And I think also a lot of victims are aware of the kind of public ordeal that can result if you go forward with a sexual assault. In the military in particular, people also may fear negative consequences on their career or on their unit, so that may further suppress victims' intentions to report these things. So it's very important to be attuned to whether you're looking at official reported sexual assaults or some kind of self report on a survey or an interview.

With official reports, the Department of Defense has actually made big strides toward making it easier for victims to report, and that is by opening the option of a restricted report, which means you can report without having to go through the investigation or without having to make it relatively public. By doing this, the DOD has created actually a lot more -- has received a lot more official reports. So that's been a very successful effort.

When you're looking at survey responses, as opposed to official reports, there are another couple of factors that you really need to focus on, and one of those is whether the survey is anonymous. There's clear evidence that people are more willing to report things if the survey is anonymous than if it will be identified with their name or some other identifying information. There's also the possibility that a survey is confidential, which is, you know, pretty good but not quite as good as being anonymous in terms of self reports, so there will likely be some decline in reports, based on knowing that someone somewhere has your name. And then when you're going to really see reduced levels of reporting is if it's part of your official record. In that case you're going to have dramatic decreases in people's willingness to report anything like sexual assault or child abuse, and so on.

Another very important factor finally with self reports is just the wording that is used. And the basic idea here is that if you ask people if they have been raped, many people will say, "No," even though they would endorse behaviors that occurred that meet our definition of rape. So many times, as I said before, people don't label their experience as actually being sexual assault or rape. They, instead, think it was an unpleasant event but it doesn't quite reach their threshold, so what the gold standard really now clearly is that we need to ask behaviorally specific questions like, "Have you been forced to engage in sexual intercourse when you did not consent or against your will or by the use of force?" Okay, so these are just things that we have to keep in mind when talking about what the prevalence is. Now let's go into talk about what the prevalence appears to be, based on some data that we have. Next slide.

Okay, this is from the DOD Workplace and Gender Relation Survey, and I'm going to talk about that survey a bit here, both in terms of military sexual harassment and military sexual assault. So this survey is a confidential, not anonymous but confidential survey, that uses multiple behaviorally specific items to assess military sexual harassment and assault. So it is a very well designed survey, and these are data from 2012, so pretty up to the minute. And what you see here are the number of female and male active duty service members who report different categories of military sexual harassment. So sexual coercion recall is when you are -- the use of authority is used to get people to have sexual encounters. That would be threatening to demote you or promising to promote you if you engage in sex. Then we have unwanted sexual attention, which is repeated requests for dates or sexual favors, and, finally, crude or offensive behavior.

So you can notice a couple of things here. Of course, note surprisingly, women are reporting all of these things more than men, and both sexes are reporting these things more commonly when we look at relatively more minor forms of sexual harassment. Now the last line here in the table, labeled "Identifies a victim of military sexual harassment" requires that the respondent endorsed at least one of those harassing behaviors, and also identified as a victim of harassment. I believe that this is usually used as the prevalence rate of harassment, although I would argue that that's probably not the best way to define it because it requires, again, that people label themselves as victims, and we know that people are often reluctant to do that.

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Okay, so let's move on and look at self reports now of military sexual assaults. Again, this is the same survey, so these are confidential behaviorally specific items, and what we can see, if we look at the bottom line of the table, is that among women and men active duty members surveyed, almost a quarter of women, almost one in four, 23%, report unwanted sexual contact meeting our definition of sexual assault since they have been in the military, so one in four. For men, it's 4%, so 1 in 25 men report that sometime while in the military, they have experienced a level of unwanted sexual contact that meets our definition of assault. For the past year rates, you see it's 6% of females and 1% of males. So, again, no surprise to anyone, it's more common for females than for males.

But what we've got to keep in mind in interpreting this is that there are a lot more males than females in the military. About 85% of the military collapsing across services is male. So when you play through the numbers what you get, displayed in the next slide, and this is the number of men and women who indicated on a survey, a confidential surveys, that they had military sexual assault in the past year. I think it's pretty shocking to many people that, in terms of sheer numbers, there are actually more victims who are male than female. It's about 53 or 54%.

Is there a way to go back to our voting poll for the second question to just look at what people thought about this? So congratulations to those of you who chose D, 9% of people. But most of us tend to underestimate the likelihood that a victim in the military will be a male. So that's one of the clear take-home messages here I think. Okay, going back to the slides.

One thing I do want to mention, though, when we look at these numbers, just the fact that there are more male than female victims does not mean male and female victims are equal. So we do know, for example, that women are more likely than men to be reporting attempted or completed rape here, or other kinds of penetration. So there are more male victims. It doesn't mean that they're equally severe.

Okay, so let's talk a little bit more about the characteristics of sexual assault that we see in the military. One thing that is immediately clear, if we look at the data, and, again, these are based on the survey, the offenders are primarily military coworkers, so someone in your chain of command or not in your chain of command, someone who is superior to you or not in terms of rank, but by and large, the vast majority are a military person. The gender of the perpetrator is typically male and rarely female alone, and there are some cases where there are multiple perpetrators, and in those cases sometimes there are mixed -- a mixture of male and female perpetrators.

In terms of tactics used, both alcohol and force are more likely to be reported by female victims than by male victims. So they're, again, highlighting that there are some differences in the nature of these assault experiences that males and females have. However, both males and females report that most assaults occur on the installation, and almost half of them report that the assault occurs while they're on duty, during working hours. So this is a very interesting thing because it sort of blends sexual assault and sexual harassment if it is occurring on working hour, if it is occurring in the workplace, that distinction starts to blur a little bit.

Okay, so we've talked about survey data. The survey data suggests that about 26,000 active duty military people have experienced unwanted sexual contact in the military in a given year. Now let's look at how that corresponds to official reports by victims that they have experienced a military sexual assault, so slide 28. Oops, sorry, 27.

Okay, again, focusing on the year 2012, we have somewhat over a little bit over 3,000 reports of sexual assaults filed, so that is compared to about 26,000 estimated victims based on survey data, and we have to reduce that number a bit, because not all of the reports have service member victims. So some of the reports had service member perpetrators but civilian or other victims. The other thing we have to keep in mind is that about one in five of those reports is actually for a year prior to 2012. So if we take both of those things into account and compare the number of official reports to the number estimated based on the survey, it looks like about 1 in 11 victims report their assault through official -- to the staffer office basically. So they come to the attention of official authorities in about 1 of 11 cases.

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And, of course, those are not a random 1 in 11. Most of the assault that are going to be reported -- and this is partly extrapolating from civilian data, but we do have some military data on these points. Most of the assaults that are going to be reported are ones that are more prototypical of what we think of as an assault; that is, more severe forms of sexual assault involving penetration, assaults by strangers versus intimate partners, and assaults of male on female. So even though we said before that more than half of victims are male, according to our survey results, in terms of who actually files an unrestricted report, only 12% are males. Okay, next slide.

A big issue that comes up often is the issue of whether sexual assault is actually more prevalent in the military than in the civilian population. And people have suggested that it is more prevalent in the military. There have been some research findings that have suggested this as well. However, the difficulty is, as we've talked about, it's very difficult to make accurate comparisons across context, in part because definitions differ and the manner in which we assess things differs. Another reason why it's difficult is that the demographics of the military are different from the demographics of the civilian population. So the military is younger and more predominantly male, and those are the high-risk groups for perpetration.

So it is tricky to make comparisons across studies of military and civilian rates. However, there is a recent report that is based on a 2010 survey that has compared three groups, women in the general population, active duty women, and the wives of active duty men. And they compared these groups in terms of sexual assault, and also in terms of some other forms of interpersonal violence, including stalking and psychological aggression and intimate partner violence, and what they found in this report is that after they control for demographic differences, there is no significant difference between these groups. So, if anything, it looks like from the raw numbers that women in the general population are more likely to report sexual violence, but these differences are not significant.

The other thing that is very interesting about the survey, just incidentally -- a little bit off point -- is that military women were actually less likely, significantly less likely than their civilian counterparts to report other forms of violent victimization, including stalking, psychological abuse, and intimate partner physical aggression. Okay, so I guess to sum of this slide, that's our best evidence to date. No one study can be perfectly definitive on this point, but that is our best evidence to date regarding whether civilian and military prevalence of sexual assault differs, and it suggests that they do not.

Okay, so moving on from talking about prevalence, we're now going to start talking about the effects of military trauma on victims, so slide 29. And here I'm deliberately using the term "military sexual trauma" rather than "military sexual assault," or "military sexual harassment." Recall that military sexual trauma is the term that the VA uses, and it includes military sexual assault, as well as military sexual harassment that rises to a certain threshold in terms of being repeated and threatening. So most of the studies that I'm going to be talking about here are studies on veterans and not studies on active duty. There are a few studies on active duty, but surprisingly little research on sexual trauma in active duty populations. So in the interest of time, I'm going to sort of gloss over these distinctions and focus instead on the general pattern of effect.

Okay, so talking first about post-traumatic stress disorder, which is the most commonly identified effect of sexual trauma, one thing to begin with is that in civilian samples we know that sexual assault is the single trauma that is most likely to produce post-traumatic stress disorder or symptoms of post-traumatic stress disorder. That's compared to any other kind of trauma; compared to physical violence, compared to natural disasters, compared to car wrecks, and so on. It's clear that sexual assault is the most strongly associated with PTSD.

What is true in military samples -- and here, again, kind of blurring the distinction between active duty and veterans -- is that military sexual trauma is more strongly predictive of PTSD than civilian sexual trauma is. There are various theories about that, but the evidence is clear that military sexual trauma has a bigger effect on PTSD than the same kind of trauma occurring in a civilian context. It's also been established in several studies that military sexual trauma has a bigger impact on PTSD than operational stress does, even including combat exposure, and one thing that may be surprising is that it appears, although the

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evidence is a little more mixed here, it appears that military sexual trauma is as or more predictive for male victims than for female victims. So it appears that sexual trauma has at least as much adverse effect on males as it does females.

Okay, if we go to next slide we can see that there are a number of other mental health consequences that have been associated with sexual trauma in the military, and pretty much almost anything that researchers have looked at, they find that it is significantly impacted by military sexual trauma, so that includes depression, anxiety, alcohol and drug disorders, and a variety of impairments in just normal functioning in terms of work and social adjustment and problems with intimacy and sex.

The next slide shows that this extends to physical health as well, and, again, a wide range of disorders have been implicated, ranging from diabetes to hypertension to liver disease to pulmonary disease or endometriosis. This hasn't been examined a lot in military populations, but all of these things replicate findings from the civil sector. And not surprisingly, because they have all these mental health and physical health problems, victims of military sexual trauma also are likely to make greater use of health-care resources, both mental and physical. Now I should say that I am not at all trying to say that everybody who experiences military sexual trauma will experience all of these problems. There is, of course, great variability across victims, but it does increase your risk of all of these things across the board. Okay, next slide.

Of course military sex sexual trauma can have adverse effects on military outcomes as well, and some of these are speculative, and others have some research support. There is support that victims of military sexual trauma report less positive experiences in the military. They have less satisfaction. They report productivity and so on. From an objective perspective, we know that military sexual trauma also creates an unsafe working environment, and from military perspective, it is of concern that it detracts from focus on the mission at hand, so it reduces readiness to perform what tasks need to be done. There is not a lot of evidence on this, but it is true that victims of military sexual trauma indicate that they have reduced productivity.

There is also an impact in terms of conflict or reduced morale and cohesion within the unit, that there is a positivity of evidence on that point, and it may be associated with early attrition, and, of course, that is costly in terms of all the training that going into creating a high-performing military service member. So there's evidence that people who have been the victims of military sexual trauma have less organizational commitment and more intentions to leave.

There is evidence as well that there are other types of trauma. There's no direct evidence to my knowledge, that military sexual trauma is associated with early attrition. But there is evidence that pre-military sexual trauma predicts early attrition, that intimate partner violence in the military is associated with early attrition, that child abuse is associated with early attrition, so I think the odds are in favor of this association existing. And finally, from the DOD perspective of course, these kind of occurrences detract from the willingness of qualified and high-functioning people to join the military, so that's of concern. Okay, next slide.

Finally, we have some evidence of post-military negative outcomes associated with military sexual trauma. So there is survey evidence that people have difficulty readjusting after discharge if they were victimized while in the military. There is both survey and other evidence that there may be problems finding jobs, or that people may be less likely to be working if they experience military sexual trauma. And there is an increased likelihood of military sexual trauma if you look at homeless populations, at least those that are in contact with the VA system.

Okay, here I'm just going to give you some economic costs, and, of course, these are estimates. So based on 2012 numbers, that is almost 128,000 veterans screening positive for military trauma in the VA system, the total estimated cost of that is 1.4 billion. That's just in medical costs. Of course, there are other social costs as well.

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And if you go to the next slide, we can estimate the costs for the DOD system of military sexual trauma occurring among active duty service members. Basically using the estimated 26,000 military sexual assaults of active service members in 2012, and using a Rand Corporation estimate of how much each civilian sexual assault costs in 2012, we can do the math, and we arrive at a total cost to the U.S. economy of 3.6 million in 2012 -- sorry -- 3.6 billion. So what we're talking about combined here is \$5 billion of costs to the U.S. economy, basically to the taxpayers of military sexual trauma, both in immediate terms in the DOD and in the aftermath in the VA. And, of course, these are estimates.

The estimate for the DOD does include costs other than medical, including estimates of lost work time and lost productivity and so on, but it doesn't include the cost of losing people who we have invested a lot of training in. And the VA estimate just includes medical costs. So there are extremely high financial costs of this to all of us.

Okay, so moving on to practical matters, talking about, basically, prevention approaches in use in the DOD. If we go to the next slide we can compare the traditional approach that has been taken historically with the current approach. So on the left we have victim risk reduction, and this is an approach in which we teach victims to better protect themselves. We might teach them self-defense skills. We might teach them assertiveness. We might teach them how to engage in less risky behavior, so they don't go out alone at night or drink heavily. And those can be helpful approaches, but the problem is that they really put the burden on the victim to take steps to protect herself, and, really, traditionally it has just been focused just on females, so it doesn't address male victims or provide them with skills traditionally. And it puts the focus on the victim, so in some sense it sort of seems to imply that the victim is to blame and her behavior can prevent sexual assaults.

In contrast to that traditional approach, which, again, can have some benefits but has some risks, the DOD has moved to more community-based prevention, where there is an attempt to actively engage the entire community and to set positive examples to not tolerate any behavior along the risk continuum, so sexism, harassment, or assault, so to try and intervene early in that process and to try and make everyone in the community feel responsible for taking a role in stopping the cycle of assault and harassment. So bystander intervention-type approaches are the current focus of DOD efforts to reduce military sexual assault and harassment. Next slide.

Now we're going to talk about if we can't prevent all assaults, what can we do to assist victims. So on slide 40 are some ways in which the DOD has been trying to improve the process and better assist victims. And here I'm talking not about the treatment side, although obviously there are treatment efforts as well, but talking about ways of improving the reporting system, victim services, accountability, and the legal process. So the DOD has made a number of changes recently and continues to do so.

We talked before about the introduction of the restricted reporting option to allow victims to get help without having to pursue the investigative process. Obviously there's been a great deal of education efforts, which, of course, by making people more aware that what they experience is assault or harassment, that empowers them to do something about it. And these efforts have been associated with increases in reporting, almost a hundred percent increase since the Sexual Assault Prevention Program started in 2004, so that is working, to some extent.

There have also been efforts to improve victim services, including things like greater attention to professionalizing victim advocates that the sexual assault prevention and response program has, so it's increased the credentialing requirements and increased the continuing education requirements to make sure that those victim advocates are well prepared to assist victims. There are things like all corpsmen are now required to be trained in how to conduct sexual assault forensic exams, so that makes it possible for victims, regardless of where they are, to receive medical services, that type. And there have been efforts to improve the process of expediting transfers of the victim and also to consider the possibility of transferring or reassigning potential perpetrators.

On the accountability slide, the third bullet here, we have seen changing in terms of the level at which these cases have to be discussed. So recent changes have required that the CO be involved in the

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review of all active cases. Before that was handled by someone lower in the chain. And also, all active cases of sexual assault now are required to be reviewed at higher levels of the chain of command, essentially by the first general or flag officer in the chain of command. So these elevate the level at which things are being discussed and increase the accountability.

Finally, there have been steps to improve investigatory and legal processes. There are now requirements for specially-trained victims' legal advocates, and there is increased scrutiny of how investigations are conducted now to be sure that they're being conducted in equitable manner.

If we shift to the next slide, we can talk about what the VA is doing to assist victims, and this focus is primarily in contrast to what I was just talking about for the DOD, this is more focused on the treatment side. So one thing that the DOD -- sorry -- that the VA has done is to introduce universal screening of all clients or patients who come into the VA, universal screening for military sexual trauma. And that is a very effective way, of course, of improving our detection of victims.

The VA also provides treatment from victims of military sexual trauma under an extremely broad range of circumstances. So they provide treatment free of charge, even to people who do not qualify for normal VA services. There's no length of service or income requirement. There's no requirement that the military sexual trauma actually was reported or documented at the time. You don't have to be approved for a disability for your military sexual trauma experience. So it's very widely available service that is provided at VA medical centers, and there are also services provided at community-based vet centers, including readjustment counseling for people as they leave the service. And there are specific military sexual trauma coordinators available at every VA Medical Center, so the VA has taken great steps to ensure that all victims of military sexual trauma can be served.

Okay, so moving to a concrete sort of consideration now of what we can do, either as health-care providers or as just good citizens, in terms of thinking about how we might interact with victims. I'm going to slide 42. The first thing, of course, is to be cognizant of the rapists that are out there and be aware that they are kind of in the water. It's very hard not to fall back on those, so we have to make a deliberate conscious effort to keep in mind the variety of circumstances in which rape can occur and to not fall back on this idea that it's a stranger or that the victim might be responsible in terms of her or his behavior.

If you are trying to ask people about whether they have experienced military sexual trauma, or any kind of sexual trauma for that matter, it's important how you ask the question, and I'm sure that I've belabored that point sufficiently by now. You need to ask the question in very concrete behavioral terms and not use labels like "rape." Of course, you also need to be aware of reporting requirements if you are asking these kind of questions, and those vary by state. In the DOD, all physical and mental health-care providers are required to report in any instance that you become aware of military sexual assault to your sexual assault response coordinator, to the SAPRO team, and that preserves the victim's right to file either a restricted or an unrestricted report.

Another thing that you can do is be familiar with local and national resources, and some of those will be posted on the side of your screen, and I will talk a little bit about some of those as well. Okay, next slide.

This kind of goes back to some of the ideas that may be embodied in rapists. So, I think in the military context, it's extremely important to be aware that many victims are men. In fact, men are more likely than women -- well, women are more likely to be sexually assaulted but more victims are male than female just because of the disparity, the gender disparity in the military.

Also recognize that these kinds of traumas appear to affect men as much or even more than they do women. Several studies have shown, for example, that sexual harassment has more negative effects on men than women in the military. So it's important not to discount sexual trauma that males have experienced, but realize that that may affect them deeply. Also recognize that, although historically it's been harder for victims of military sexual assault to get acknowledgment of their disability, their PTSD than victims of combat trauma, it appears now, based on the research, that combat is actually less impactful than military sexual assault. So this is an extremely stressful traumatic event for people, and it is

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now the case that the VA, again, has made great efforts to equalize that and to recognize this and to award disability to people who, indeed, have that because of military sexual assault. And then realize that harassment, like assault, may have very significant and severe adverse affects on service members.

Okay, if we go to the next slide, these are DOD and VA resources, so the DOD operates a Safe Helpline. It is available by calling, by texting, or on the Internet. And that is a service for victims that will help to get victims connected with a victim advocate or sexual assault response coordinator. For civilian employees of the DOD, there's an employee assistance program that can, again, help people to get connected with resources. And the VA has a hotline and also has a dedicated website providing information to victims of sexual trauma about possible resources available.

On the next slide you have one general resource. This is actually RAIN, the Rape, Abuse, and Incest National Network. This is actually the organization that runs the Military Sexual Assault Helpline that we talked about, the DOD Safe Helpline, and so they also have a phone or an Internet hotline, and they partner with many local crisis centers. And I encourage you to be aware of rape crisis centers in your local area, because those are great resources for victims as well. There are, of course, many other organizations that work on this issue, and any Internet search will show you what many of those are. But those are the few that I have focused on here, and those, again, links will be available on the side of your screen in a moment.

So that's the end of the talk. I want to thank everyone for being here today. Thanks for your interest and attention, and I or the other available presenters will be happy to answer your questions.

Thank you very much for your presentation, Dr. Thompson. For the participants, if you have any questions for Dr. Thompson or the panel, please submit them via the question box. We're going to pause for a moment for you to collect your thoughts and submit the questions.

Okay, it's now time to answer questions from the audience. We're monitoring the question box and will forward questions to our presenter for responses. If you have not already done so, you can submit questions via the question box located on the screen, and we will respond to as many questions as time permits.

All right, so this is a question for Dr. Thompson. "With regard to the continuum of harm, it was mentioned that sexism is a foundation for sexual assault and sexual harassment, but the implication was that sexist beliefs are around men being better. I wonder how this relates to sexual harassment and sexual assault that may be directed at men from women, even though this is less common? Would you care to comment on that?"

That is an excellent question, and I suppose that it was somewhat of an over-simplification that sexism boils down to that simple belief that men are better in some way. There are obviously stereotypes that go in both directions, and so there can be harmful stereotypes that are applied to men as well. I think the reason why we usually talk about sexism as advocating male superiority is that usually the group in power is the one who controls those kinds of beliefs. But that is an excellent point, that there are also stereotypes and unequal treatments that can go the other, that can be based on females' stereotypes about males.

Thank you very much for answering that. Dr. Galbreath or Dr. Rock, do you have any other things to add? Okay, moving on to the next question. This question could be answered by anyone on the panel, but the question is "How much does fear of ruining a career cause one to fail to report assault?" Anyone have any research or knowledge about the numbers or data that might reflect the answer to that question?

I don't have any data on that point, but anecdotally it appears to be a very strong factor.

This is Lindsay Rock from DMDC. We have a question -- or some questions on the gender relation surveys that asks those who did not indicate they reported their experience to military authority, we asked them why. And we have about 20% of women and 16% of men indicated they did not report because they

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thought their performance evaluation or promotion would suffer if they had reported. And additionally, with have 15% of women and men indicated they thought they would lose their security clearance if they reported.

Thank you very much for that information. Okay, moving on to the next question, this is for Dr. Galbreath. "What happens if one reports to civilian authorities who might be more aggressive in their investigation?"

There are a couple outcomes associated with that. The first of all is, to tell you the truth, our investigations run by the military criminal investigative organizations, if you compare them to the thoroughness of the investigations that are run by civilian authorities actually fare much better as far as the length, the number of investigative leads that they're willing to conduct, and also the thoroughness of the analysis of any forensic evidence collected. As a result, what you would find is that the investigations conducted by Air Force OSI, Army CID, and Naval Criminal Investigative Service are all actually much more thorough.

However, if a report is made to a civilian law enforcement agency, many of those agencies are well connected into the local military installations, and they will often refer the information back to the military if the perpetrator is an active duty military member. If the victim is a military member and the perpetrator is a civilian, then many times that information may not come to the attention of base officials or command officials unless the victim desires to share that information with her superiors or his superiors.

Okay, great. Thank you very much. The next question, this is for anybody on the panel to answer. "How does a female army vet who is retired report military sexual trauma? If it fits the presentation, it happened twice as a new recruit over 20 years ago. Can I report?"

From a care perspective, you go to the VA. That is where, if a veteran is eligible for care in the VA, and all of them are. If you have experienced any kind of military sexual trauma, care for you for that trauma is free. From a law enforcement perspective, there may be a statute of limitations involved depending on the crime involved, and also, if the perpetrator is no longer subject to the Uniform Code of Military Justice, that individual may not necessarily -- we may not be able to prosecute that individual.

However, if you are curious and if the person is very interested about knowing what the possibility of criminal investigation is, I'd encourage you to go to your local law enforcement agency on a military installation, whether that's Army CID if you're an Army vet and talk to them about the process involved.

Great, thank you. I have a question back for Dr. Thompson. "How are the costs per victim calculated, specifically the VA per victim costs?"

Let me look at my notes here. The VA per victim costs are based on an article by Suris and Colleagues, and that is a widely used estimate. So they calculated costs based on their database of what the average cost was for victims. And this is not the total medical cost for victims but the total cost to the VA. So there is some care that's provided outside the VA, and that was excluded. I could get the reference for you, but I don't have it right at hand.

Okay, thank you. Next question for Dr. Thompson, "Do you know of any current or published research providing evidence of effectiveness of prevention measures," and also, Dr. Rock, if you have any information, or Dr. Galbreath.

I think there are ongoing efforts to provide that kind of evidence-based results. Okay, there are numerous attempts, numerous different attempts to reduce sexual assault, whether in the military or in the community, and college campuses in particular where a lot of attempting have been made, so there are tons of studies that have been published on this. But, unfortunately, most of them are based on very specific programs that haven't been widely implemented. Our military people on the panel may have more information about current ongoing efforts, but I am not aware of current efforts to evaluate the bystander intervention approach that we're currently using. Do you know, Dr. Galbreath or Dr. Rock?

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We have two military-specific samples that have been studied and published in the literature. One is involving bringing in the bystander approach developed by Vicki Banyard. The other one is the "One in Four" program developed by John Filbert. What I would offer is to echo what Dr. Thompson said, is that we have these specific tools that have been shown to work in certain locations under certain circumstances, but we do not have any outcome data that shows broad applicability and how they might fair in an entire society. So this is why the Department of Defense is looking at a number of different things to alter policy.

If you're familiar with the a concept known as the "The Spectrum of Prevention," this is something that you can read about at the National Sexual Violence Resource Center, and it's VRC.org. The Spectrum of Prevention talks about the requirement of working on prevention at a number of different levels of society, down from the individuals and their individual skills, up through the providers and the people in the community that work this issue, all the way up to influencing policy and legislation at the very top levels of our society.

One of the great things that we've been able to do in the department is, since we technically have great influence over all levels of military society, we've begun our march towards improving our environment and improving our resources so that we can begin to work prevention. We've instituted a number of policies across the Department of Defense since 2005, and now we are working very hard on developing a prevention strategy, which you will probably see within the next six months or so coming out from the department that is going to be talking about leveraging a number of different resources to hopefully put downward pressure on the prevalence rate of sexual assault that you saw in the talk today.

Great. Thank you very much. Next question -- and we have a lot of questions. We may not be able to get through all the questions during the time we have left, but we're going to keep running through the questions. "You mentioned that the VA is offering treatment for military sexual trauma without having to establish a service connection. Is this true for reserve members who may have been recalled to temporary active duty, as well as those who have completed regular active service?"

I believe that it's true. I think there is a little gap in coverage, which is currently being addressed. But I believe that it is true for activated National Guard and Reserve members. I think there is. I have a paper on this here that I could look up, but I think there may be a little gap in terms of weekend trainings and sexual assault that occurred during weekend trainings.

Great. Thank you. Here is a question related to homeless retire veterans. "What resources are available for homeless retired veterans that were assaulted 10 to 20 years ago that are just now reporting it?"

I know that all VA services that are available to victims of military sexual trauma are available to the homeless veterans. There may also be readjustment services available through the community-based vet centers. I'm not aware of specific homelessness-based services, but perhaps one of my fellow speakers is. As far as I know, it would be the same kind of services that all military sexual trauma victims are basically entitled to through the VA.

Great. Thank you.

Yeah, that's correct. There is a Homeless Veterans Reintegration Program that's underway through both the Department of Veterans Affairs and the Department of Labor. A lot of that information is available on Google.

Great. Thank you. Okay, two more questions. "Why was the DOD workplace and gender relation survey of 2012 confidential and not anonymous? What's the difference in prevalence reported between confidential and anonymous reports?"

Okay, on the first question, the reason why it was confidential and not anonymous is simply to make sure that the sample was representative of the military as a whole. So if it were completely anonymous, you could have, perhaps, people who weren't even military members responding. You could have people

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responding multiple times, and so on, so as part of an attempt to make sure that the sample was a good representation of the services.

And in terms of the second question, there are scattered data, and some of them based on the military, about differences in reporting things based on whether they were asked in an anonymous or confidential or very much identified and associated with your military record kind of way. There are significant differences there, but the magnitude of those differences is really going to depend on the specific questions asked. So I don't think that we have the data to really answer that. We can say fairly confidently that there is a bit of a drop in reporting as you go from anonymous to confidential, but the exact magnitude of that, I don't think we can estimate.

This is Lindsay from DMDC. I also want to note that our gender relations surveys of the active and reserve groups have been confidential. We don't conduct anonymous surveys of these two populations. Again, it is, as was just mentioned, to ensure that we have a sample that's reflective of the DOD population. And DMDC actually houses a lot of the administrative data, and so we're able to pull in demographic variables so we don't have to ask respondents to provide details of their demographics, and we think that makes our data more reliable.

I think that that's likely as well, that the less you ask people to provide identifying information, even though they know at some level that they can be identified, I think that's going to make their responses more honest and accurate.

Okay, thank you very much. We have, actually, time for two more questions. The next question is, "Shouldn't we ensure that the link between excessive alcohol use and sexual assault is clear without it being viewed as blaming the victim?" Emily Yoffe, Flight magazine, sites a 2009 study that shows that by the time they are seniors, almost 20% of college women will become victims, and 80% of campus sexual assaults involve alcohol. Any comments from the panel?"

I do think it's very important for people to be aware of that link. What they also should be aware of is the link between drinking and perpetration. So we do have to be very careful. I think we do want to educate people. Let's refer back to the different strategies of prevention. We do want to educate people about risk factors so that they can make reasoned choices, but we don't want to tell women that if you drink too much it's your fault if you get assaulted. So I think we need to keep a focus on alcohol as a risk factor for both perpetration and victimization, and make people aware of that so that they can make choices, but I don't think -- I think we need to be very clear about stopping short of saying, "If you drink too much and get sexually assaulted then that's your fault."

From a criminal investigative standpoint, I will tell you that the primary weapon used in sexual assault is alcohol, and this is a way that we can talk about it without blaming the victim, in that, most perpetrators not only use alcohol as a confidence booster but also as a form of incapacitating the victim so that they are less able to overcome their advances, and to alter their judgment. So bottom line is we see that alcohol has a very clear and primary link out from a perpetration standpoint.

Great. Thank you very much. And our final question, "It has been noted that there has to be a cultural change within all branches of the DOD component in order to foster an environment that better recognizes and helps victims of military sexual assault and military sexual harassment and reprimands the offenders. However, what kind of cultural change is practical within the military environment that is not already in place; for example, discipline, integrity, service before self, honor, et cetera?"

Dr. Galbreath, do you want to take that?

Sure. Really great question. Thanks for whoever put that in. I think one of the things that, when we talk about culture change, we talk about an environment of dignity and respect. One of the chief challenges that we have is we reflect society. The military reflects society. We all come in with different adherence to the cultures that we grew up in, and some of the things that Dr. Thompson talked about, the rape myths that some folks subscribe to, they're very, very common, and it's often something that you see reinforced

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every day on programming, on popular television shows, on things that are of great interest to 18 to 25-year-olds.

As you come into the military, you begin to learn this culture of dignity and respect, but not everybody interprets their behavior as needing adjustment. And one of the things that our senior leadership in the department has spoken a great deal to is this idea that when you come, in we want folks to understand that the ethos of battle buddy care and assisting each other extends not only when you're on the battlefield but also to situations when you're off the battlefield, that you're looking after each other, that you're thinking about how best to take care of your fellow soldier, sailor, airman, marine.

And so that's the kind of culture change that we're really looking to, is this concept that we all may have behaviors that need to be adjusted, and we might need to learn new ways of interacting with other people in our environment, and when you're an 18 to 25-year-old, this is a real challenge because you're coming into an environment where mom and dad are no longer there, your maturity and your psychological development have not yet completed their formation, and so as you begin to learn these new things, it is a big challenge for some folks that are not receptive to these different messages because of their background. So that's the kind of change in culture that we're look for, and we want to start it sooner. We want to get people when they first walk in our door and to understand what their duty is to their fellow service member.

Thank you very much. And thank you, again, to our presenter, Dr. Cynthia Thompson, and panel members, Dr. Lindsay Rock and Dr. Nate Galbreath. Today's presentation will be archived in the monthly webinar section of the DCOE website.

To help us improve future webinars, we encourage you to complete the feedback survey that's been opened in a separate browser on your computer. The link is also available on DCOE webinar website. To access the presentation and resource list for this webinar, visit DCOE website at dcoe.mil/webinars. An edited transcript of the closed captioning will be posted to that link. An audio recording of this webinar will also be available as a downloadable podcast.

Again, thank you for attending today's webinar. The next DCOE webinar topic is "Integration of Technology into Psychological Health and Traumatic Brain Injury Care" and is scheduled November 14th, 20123, from 1:00 to 2:30 p.m. Eastern time. Thank you again for attending and have a great day.

That concludes today's conference call. Thank you for participating. You may disconnect your line at this time.